

INITIAL APPLICATION FOR USDA/RD HOUSING

PLEASE PRINT THIS APPLICATION FORM, FILL IT OUT COMPLETELY AND

MAIL IT WITH ALL NECESSARY DOCUMENTATION TO:

**SPRUCE BANK FARM
823 MAIN STEET
WOODBURY, CT 06798**

Please call (203) 266-4628 if you have any questions or need assistance.

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, ancestry, creed or religion, sex, marital status, age, familial status, disability, lawful income source, or sexual orientation are complied with. You are not required to furnish this information but are encouraged to do so. If you choose not to furnish it the Administrator will base the information on visual observation or surname.

APPLICANT A

Name: _____

Current Address

Street: _____

City & State: _____ Zip Code: _____

Number of years at current address _____ Do you rent or own?

Amount of monthly rent or mortgage payment: _____ Is your house on the market? _____

In what type of housing do you currently reside? Single Family ____ Duplex ____ Apartment House ____

Daytime Telephone No.: _____ Mobile Telephone No: _____

Date of Birth: _____ Social Security Number: _____

Place of Birth: _____ Citizenship: _____

Sex: _____ Marital Status _____

Race: Asian, American Indian, Alaskan Indian, African American, Native Hawaiian or Pacific Islander, White (please circle)

Ethnicity: Hispanic/Latino, Non-Hispanic/Non-Latino (please circle)

Do you perceive yourself to require accessibility features for any of the following?

Vision Impaired: ____ Mobility Impaired: ____ Hearing Impaired: ____ Impaired: ____

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APPLICANT B

Name: _____

Current Address:

Street: _____

City & State: _____ Zip Code: _____

Number of years at your current address _____ Rent or own? _____

Amount of monthly rent or mortgage payment: _____ Is your house on the market: _____

In what type of housing do you currently reside? Single Family ____ Duplex ____ Apartment House ____

Daytime Phone No: _____ Mobile Phone No: _____

Date of Birth: _____ Social Security Number _____

Place of Birth: _____ Citizenship: _____

Sex: _____ Marital Status: _____

Race: Asian, American Indian, Alaskan Indian, African American, Native Hawaiian or Pacific Islander, White (please circle)

Ethnicity: Hispanic/Latino, Non-Hispanic/Non-Latino (please circle)

Do you perceive yourself to require accessibility features for any of the following?

Vision Impaired: ____ Mobility Impaired: ____ Hearing Impaired: ____ Impaired: ____

Other Household Members

Please list all household members you expect to live in your unit. _____

Do any household members not have a Social Security Number? YES ____ NO ____

If YES, was the household member 62 years or older as of 01/31/2010, and also receiving HUD rental assistance on 01/31/2010? _____

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Unit Size Information

Number of bedrooms desired: 1 Bedroom: ____ 2 Bedroom: ____

Do you wish to request an accommodation of your unit based on disability? YES ____ NO ____

Are you being forced out of your present housing due to government action, natural disaster, demolition or other such causes? YES ____ NO ____
(If YES, Please provide and attach written evidence)

Do you live alone? YES ____ NO ____ *Please be sure you have listed all household members you expect to live with you. If needed attach a separate sheet.*

Income Information (Use MONTHLY GROSS Amounts)

	<u>APPLICANT A</u>	<u>APPLICANT B</u>
Income	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
SSI/Disability Benefits:	\$ _____	\$ _____
Pension/Retirement:	\$ _____	\$ _____
Veteran's Benefits:	\$ _____	\$ _____
Public Assistance:	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____
Annuity:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

Do you file Federal Income Tax Returns? If so, please enclose a copy.	YES ____ NO ____	YES ____ NO ____
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Do you have any assets not listed?	YES ____ NO ____	YES ____ NO ____
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Have you disposed of any assets in the last two years? If yes, describe _____	YES ____ NO ____	YES ____ NO ____
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	<u>APPLICANT A</u>	<u>APPLICANT B</u>
Have you given away money to relatives?	YES ___ NO ___	YES ___ NO ___
Have you sold property for less than its market value?	YES ___ NO ___	YES ___ NO ___
Have you set up irrevocable trusts?	YES ___ NO ___	YES ___ NO ___
Are you in the military (retired, active, reserves)? If yes, please describe	YES ___ NO ___	YES ___ NO ___
	_____	_____
	_____	_____

Asset Information

APPLICANT A You must list ALL current bank accounts

Checking Account:

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

Savings Account:

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

Certificates of Deposit (CD'S):

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

Credit Union:

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

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APPLICANT A Asset Information (continued)

Savings Bonds:

Maturity Date: _____ #: _____ Value: _____

Mutual Funds:

Name: _____ # of Shares: _____ Interest or Dividends: _____ Value: _____

Stocks and Bonds:

Name: _____ # of Shares: _____ Interest or Dividends: _____ Value: _____

Real Estate:

Location: _____ Mortgage Amount: _____ Value: _____

Whole Life Insurance:

Company: _____ Account #: _____ Cash Value: _____

Annuities:

Name: _____ Account # _____ Value: _____

Asset Information

APPLICANT B You must list ALL current bank accounts

Checking Account:

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

Savings Account:

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

Certificates of Deposit (CD'S):

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

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APPLICANT B Asset Information (continued)

Credit Union:

Bank: _____ Acct. #: _____ Balance: _____

Bank: _____ Acct. #: _____ Balance: _____

Savings Bonds:

Maturity Date: _____ #: _____ Value: _____

Mutual Funds:

Name: _____ # of Shares: _____ Interest or Dividends: _____ Value: _____

Stocks and Bonds:

Name: _____ # of Shares: _____ Interest or Dividends: _____ Value: _____

Real Estate:

Location: _____ Mortgage Amount: _____ Value: _____

Whole Life Insurance:

Company: _____ Account #: _____ Cash Value: _____

Annuities:

Name: _____ Account # _____ Value: _____

Monthly Expenses

	<u>APPLICANT A</u>	<u>APPLICANT B</u>
Rent:	\$ _____	\$ _____
Electricity:	\$ _____	\$ _____
Heat/gas:	\$ _____	\$ _____
Water:	\$ _____	\$ _____
Telephone:	\$ _____	\$ _____
Cable:	\$ _____	\$ _____
Automobile:	\$ _____	\$ _____

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Monthly Expenses (continued)

	<u>APPLICANT A</u>	<u>APPLICANT B</u>
Automobile Insurance:	\$ _____	\$ _____
Credit Cards:	\$ _____	\$ _____
Loans:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

Medical Expenses Information *(Use ANNUAL Amounts that you pay out of pocket)*

	<u>APPLICANT A</u>	<u>APPLICANT B</u>
Medicare	\$ _____	\$ _____
Private Health Insurance:	\$ _____	\$ _____
Doctor's Expenses	\$ _____	\$ _____
Dental Expenses	\$ _____	\$ _____
Prescription Drugs:	\$ _____	\$ _____
OTC Drugs (Doctor ordered):	\$ _____	\$ _____
Eye Care:	\$ _____	\$ _____
Adult Day Care:	\$ _____	\$ _____
Home Health Care	\$ _____	\$ _____

References

Current Landlord's Name: _____

Landlord's Address: _____

City & State: _____ Zip Code: _____

Occupancy Address: _____

City & State: _____ Zip Code: _____

Dates of Occupancy: From _____ To _____

Previous Landlord's Name: _____

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References (continued)

Previous Landlord's Address: _____

City & State: _____ Zip Code: _____

Occupancy Address: _____

City & State: _____ Zip Code: _____

Dates of Occupancy: From _____ To _____

Mortgage Holder

Name: _____

Mortgage Holder's Address: _____

Property Address: _____

City & State: _____ Zip Code: _____

Dates of Mortgage: From _____ To _____

If you own your home – Please Provide 3 Individuals not related to you or your Physician for personal references.

Personal Reference 1

Name: _____

Address: _____

City & State: _____ Zip Code: _____

Phone Number: _____

Personal Reference 2

Name: _____

Address: _____

City & State: _____ Zip Code: _____

Phone Number: _____

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Personal Reference 3

Name: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone number: _____

Name of an immediate relative or close friend who is likely to know where you are if we need to contact you:

Name: _____ Phone Number: _____

Address: _____

City & State: _____ Zip Code: _____

Pet Information

Do you own any pets? _____

If yes, describe: _____

Additional Information

	<u>APPLICANT A</u>	<u>APPLICANT B</u>
Are you currently using an illegal substance?	YES ___ NO ___	YES ___ NO ___
Have you ever been convicted of a felony?	YES ___ NO ___	YES ___ NO ___
Have you ever been evicted from any housing?	YES ___ NO ___	YES ___ NO ___
Have you ever filed bankruptcy?	YES ___ NO ___	YES ___ NO ___
Do you qualify for housing for a disabled person?	YES ___ NO ___	YES ___ NO ___
Will you take an apartment when one is available?	YES ___ NO ___	YES ___ NO ___
Could you come in for a personal interview?	YES ___ NO ___	YES ___ NO ___

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Additional Information (continued)

Why would you like to live in our housing community? _____

How did you learn of our community? _____

If anyone has helped you complete this initial written application, please give us their name below.

Name: _____ Telephone: _____

Address: _____

City & State: _____ Zip Code: _____

Relationship: _____

CERTIFICATION: (Each ADULT applicant must sign this application).

This is an initial written application. Additional information will be requested at a later date to complete the processing of applicant(s). Your signature below certifies that:

Initial

_____ The information provided on this application is true and correct to the best of your knowledge.

_____ You hereby declare that you and your household members, upon execution of a lease agreement, shall make said leased unit your sole place of residence; that you will not maintain another subsidized apartment.

_____ You consent to the verification of the information you provide to determine your eligibility for this housing.

_____ You consent to the release of wage matching data to the Rural Housing Service (RHS) and the facility owner for the purpose of complying with RHS guidelines.

NOTE: Please be sure that you have initialed next to each of the previous statements. Applications not initialed will be returned for completion (your application date will be the date on which the application is originally received).

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I/We hereby certify that I/We will not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy. All adult applicants must sign application. **I/We authorize Spruce Bank Farm or its agent to obtain such credit, criminal and eviction records necessary to evaluate my application for housing.**

Applicant A Signature: _____ **Date:** _____

Applicant B Signature: _____ **Date:** _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

PLEASE MAKE SURE TO CAREFULLY REVIEW ALL THE INFORMATION ENCLOSED HEREIN AND BE SURE TO PROVIDE ALL REQUESTED DOCUMENTATION).

PLEASE MAIL APPLICATION FORM AND ALL NECESSARY DOCUMENTATION TO:

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